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WHY SOCIAL MISSIONS?

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We did not need the Atlantic Charter and the proclamation of the Four Freedoms to tell us about our basic human rights. They are self-evident, really, the axioms of natural philosophy. Yet each generation does need to restate these facts, in clear and appealing terms. That is why the Church repeatedly stresses these standards, these Normae Christianae. Unfortunately it is but too easy for human beings to accept the theory and ignore the practice!

The need for Medical Missions can be brought back to these very foundations. To give medical aid to the missions is not merely a charity, a luxury, a commendable avocation. It is a duty of the Church, and therefore of every Catholic, in proportion to his capacities. The peoples of the Orient have a strict right to a fair share in the goods of this world. Surely proper medical care and contact with Truth are among the greatest of these! Moreover, all human beings have a right to have their innate human dignity respected. The life of God’s children is sacred. We are all our brothers’ keepers. To deny or ignore this is to deny both humanity and Christianity.

We should face the fact that Catholic Medical Missions have been singularly backward. Where the Protestants have over 300 hospitals in India, with three flourishing medical schools, the Catholic hospitals number barely 60, with only three recognized training schools for nurses. In other respects, education, charitable institutions, the press, etc., Catholics are well out in front, but in medicine they are far behind.

The reasons for this lag are not hard to understand. Catholic foreign mission work has been done by priests and religious, not by lay people, as is the case with the Protestants. Now medicine and the priesthood do not mix well. The scientific training and practice of medicine demand the whole man. Few priests are equal to or free for this double task.

As for religious, until recently it was not considered ‘proper’ for a nun

*Editor's Note: Sister M. Elise, M.D., a member of the Society of Catholic Medical Missionaries, has been the Medical Officer in charge of Holy Family Hospital, Patna City, India. She had been in India since 1940 and came back to the Motherhouse this year to attend a Chapter of the Society. She is returning to her mission post in the near future.*
to practice medicine, surgery and obstetrics in its full scope. Even in the Missions, Sister-doctors were almost unthinkable. This centuries-old prohibition was lifted by Pope Pius XI, the great Mission Pope. In 1936, at the request of many mission bishops and priests, a decree was issued by the Sacred Congregation of Propaganda Fide, which permits and even encourages religious to study and practice medicine in the fullest sense of the word. The terrific infant mortality in Africa and other parts of the tropics led to this change in policy. Whole tribes were dying out for lack of care. The Sisters were the obvious persons to come to their aid, but they needed technical training and official approbation. Old and new religious orders are answering this call, for the need is tremendous.

The state of health and the medical care in the mission countries are deplorable. India has several million preventable deaths a year, of malaria, cholera, dysentery, typhoid, plague, and diseases of mothers and infants. There are 56,000 doctors and 8,000 nurses for a population of 40,000,000. Africa has the highest infant mortality in the world, in some areas between 50 and 80%. Medical care in the interior of Africa consists of quackery, incantations and witch-doctor practices. China is struggling with widespread malnutrition, epidemics and tuberculosis on a steady increase. There are only 12,000 doctors for the whole country. Life expectancy for the peoples of the Orient is only 27 years—in the United States it is 64 years. These are all unnecessary and preventable fatalities. The amount of illness and suffering in the missions is simply staggering.

Medical work in the missions, on the other hand, is both fascinatingly interesting and deeply satisfying. Because so many of the illnesses are both preventable and curable, the rate of recovery in a well-equipped and well-run Mission hospital is remarkably high. There are no long rows of decompensated cardiaes, hemplegies, arthritis, diabetes! Instead we find kala-azar, malaria, typhoid, cholera, dysenteries, all responding quickly to relatively simple treatment. Much can be done with the most ordinary means, if they are backed up by adequate knowledge and true devotion.

For those who like the old-fashioned general practitioner’s type of medical practice, the Mission countries offer an ideal field. A maximum amount of interest in and contact with the patient, a minimum amount of laboratory work, and unlimited variety! In the course of one morning’s dispensary or on one hospital round there will be a chance to practice, beside medicine, surgery and obstetrics, all sorts of specialties: Pediatrics, dermatology, psychiatry, gynecology, etc. No detail of medical studies will be lost or wasted in the missions!

Of all the specialties, general surgery is probably the most important and the most gratifying. A well-equipped operating room with a properly trained staff of surgeons and nurses will draw patients from a hundred miles radius. Competition is small. No matter how unimposing the build-
ing, if the surgeon acquires a good reputation, the patients will flock to the hospital. Every cure brings in more cases, for surgical recoveries are dramatic, and cause plenty of free advertising for the hospital among the relatives and neighbors. Orthopedic, chest-, and brain-surgeons are very rare and in great demand.

Real obstetrical care hardly exists in the mission countries. Deliveries are in the hands of native midwives, and there are thousands of unnecessary deaths due to hemorrhage, toxemia, sepsis and obstructed labor. This field offers additional difficulties, because in many places, notably India, the women refuse to consult men-doctors, because of their exaggerated, but strongly entrenched, traditional ideas of modesty. Here women-doctors and nurse-midwives can do their best work. Now that this specialty is open to religious as well, thousands of lives will be saved.

To provide a clean and safe delivery for a pregnant woman requires a lot of work. Antenatal care, skilled attention during the delivery, prompt recognition of abnormalities, all demand training and devoted labor. But they repay all effort and sacrifices, in the happiness and satisfaction of seeing healthy mothers and babies. No specialty has as high a rate of recovery!

Proper organization is needed to get the best results in medical missions. A Mission hospital should fit into the general pattern of a Mission diocese. It should have the same ideals, the same spirit, and the same general working methods. It stands to reason that an expensive hospital building with the latest inventions and a high-salaried staff would be out of place in a poor, struggling Mission, among simple native people. A Mission hospital is part of the “planting of the Church,” which is the ideal of Mission work. It rounds out the teaching and preaching apostolate by its work of charity. It provides contacts with pagans, particularly with the women, that are almost unachievable in any other way. It rescues and raises abandoned babies, and sets them on the road to become good Christian home-builders. It treats all manner of illness, among the Christians and catechumens as well as among the pagans. It alone can give a religious, home-like atmosphere to sick and dying priests and religious. No Mission diocese is complete without it. Those bishops who do have one say frankly: “We can’t imagine how we ever managed without one.”

In order to staff such a hospital adequately, continuously, and more or less cheaply, religious sisterhoods are almost a necessity. The work is hard and wearing, requiring great devotion and stability. It is hardly fair to submit lay nurses to such a test. In the Catholic Church, those who have a missionary vocation ordinarily find they way into the religious orders, with but few exceptions. When a mission hospital has a staff of Sisters, it fits automatically into the general pattern of Mission work, and can be expected to stick to its tasks, no matter how hard.
Even before 1936, the year of the Decree, a start had been made to provide the Missions with trained medical Sisters. In 1925 there was founded, in Washington, D.C., the Society of Catholic Medical Missionaries, a community of Sisters who devote themselves exclusively to Medical Missions. The foundress of these Medical Mission Sisters, Mother Anna Dengel, M.D., was re-elected Superior General of the Society this year. The four pioneers, two doctors and two nurses, have grown to nearly 200 Sisters. Nine of these are doctors, all but two of them trained in American medical schools after their religious profession. They conduct three hospitals in India, have a Clinic for the Colored in Atlanta, Georgia, and a Catholic Maternity Service in Santa Fe, New Mexico. A dispensary in Africa, on the Gold Coast, will be opened this year. The Motherhouse and Novitiate are in Philadelphia, Pa. Several Sisters are studying medicine, in Women's Medical College, Georgetown University, and the University of Utrecht, Holland.

Catholic doctors in America could do much to forward medical missions. Prayer, intelligent interest, financial aid, books, instruments and sample or other medicines, all are useful gifts, well within the capacity of every Catholic doctor. They themselves will be the gainers, for God never lets Himself be surpassed in generosity.

Is there a place for Catholic doctors, lay men and women, in the missions? Yes... and No. The advantages and difficulties are so evenly balanced that it is hard to give a definite answer. Undoubtedly Catholic doctors could do wonderful work for the missions, while at the same time creating for themselves a most interesting and satisfying career. But the problems are many, and they should be weighed carefully: The need and cost of financial security, including provision for sickness and old age; the health and education of children; loneliness and lack of normal social contacts; absence of post-graduate and revision courses, medical meetings, professional exhibits, etc., etc.

Yet it would seem that the time is ripening when young, energetic, well-trained Catholic doctors will fit into the mission pattern. They should locate themselves in the larger towns, where sanitation, education, and some social life are available. Thus high idealism and practical common sense would be combined to give the best results. The influence of a good Catholic doctor on both pagans and converts would be a powerful factor to raise the dignity of the Church, and to spread the faith among non-Christians. This would be real medical mission work, even though the city streets are not the jungle. And what could be greater charity, than to bring good medical care to the least of Christ's brethren?